B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10358
1. PLACE OF DEATH	(82-0)
County More Jamery	Registration Dist. No. 216
Village or City Sether & a	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME William T. an	drews
(a) Residence: No. /// Cleubrook Pd	, St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH Oct 23 20 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of S	
(or) WIFE of Turing Lundrelivo	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 718-10, 1863	I last saw hary aliva on Debt 154 1934; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Formion. lead in bed
7/ 8 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Petures SAWYER, BDDKKEEPER, etc.	Gerebras Almonha Date of one of
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and year) spant in this occupation.	
Olax baking O	Other Cootributory Caoses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James andrews	
13. NAME ALLES AUGULO 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country) gary tand	What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME Lethanna Roll	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My 2. C. Mydrewo (Address) 111 Blenbrook Rd. Bethesda, The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2 Port 2 - 3.1	Manner of injury
Place Clarent Oate Clare V , 19 7	Natura of injury
19. UNOERTAKER C. of Ines, Clarendon	24. Was disease or Injury In any way related to occupation of deceased? NO
20. FILED Oct 23 mg 34 B. C. Perry M. S. Registrar.	(Signed) Schesser M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
			1 '
0.0			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gollstones	Moy 1,1923	(l'astroenteritis	1 year
			11.

ż

of OCCUPA-

1.	PLACE OF DE	ATH		-7-	— Invest	OI DEATH	10359
	County Man	ntgome	my Con	nty	101-60)	Registration Dist. No.	214
	Village or City	filver	thris	a, mo	No	St	Ward
	Length of residence in	city or town where	/	d (1	If death occurred in a horpital or institu	tion, give its NAME instead of street	and number)
	THE PARTY OF	1	1	-	s2_ds. How long in U.S.i1 o	1 toreign birth?yrs	mosds.
2.	FULL NAME (a) Residence: No.	A	en Jen	esa B	min mard.		
-	PERCONALA	ND STATIST	(Usual place	of abode)	, , ,	If nonresident give city or tow	
3. SI	PERSONAL A	OR OR RACE		RIFD, WIDOWED,		ERTIFICATE OF DEAT	Н
1	2 0 1	on on the		D (write the word)	21. DATE OF DEATH	toher 10	1024
5a. I	f married, widowed, or di	vorced	Sin	gle		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of			V	22. ALHEREBY	CERTIFY, That I atte	nded deceased from
-					October 8	1934, to October	
	ATE OF BIRTH (month, d	lay, and year) $lpha$	ugust 8	1934	I last saw h alive on	October 9 ,19	3.4; death is sald
7. A	GE Years	Months	Days	II LESS than	to have occurred on the date state	d above, at 2 A:m.	
1		1 2	1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of importance	10.1
Z	8. Trade, profession, or kind of work done	particular e. as SPINNER.	2	2			Date of onset
E	SAWYER, BOOKKI 9. Industry or business	EEPER, etc	- Sin		Theumones	13 Broncho.	act 8,1934
NA N	work was done, as SAW MILL, BANK	SILK MILL,			Duration	fre days care	
OCCUPATION	10. Date deceased last w	orked at	11. Total ti	me (years)	Gor	0,00	
	this occupation (m year)	onth and	spar occu	tin this pation			
12 5	BIRTHPLACE (city or town	Silve	2 Alm	mg 21	Other Contributory Causes of impo	rtance:	
16. 6	(State or country)	montgon	eng Cour	ty	Congental	2 to	200
	13. NAME Eng	ene	Bean		- Implugus	L. Donascur	and 50% 8.
FATH	14. BIRTHPLACE (city or	town Bona	tomers	Country	Name of operation	one Date	
E	(State or country)	,	mant)	Land &		Was there	
8	15. MAIOEN NAME V	elma	C. 00	ay,	23. Il death was due to external caus		
MOTHER	16. BIRTHPLACE (city or	town) with	zamen,	country.		Date of Injury	
Σ	(State or country)		angles	1	Where did injury occur?		, 19
17 11	NFORMANT Cue	1600	200		Specily whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or In PUBLI	Siale)
	(Address) Lih	en th	and !	nd			O FEROE.
18. B	URIAL, CREMATION, OR	REMOVAL	to		Manner of injury		
	Place Truly	Uln.	Date	11,1974	Nature of injury		
19. U	NDERTAKER 2004	mer Co	Lump	may.	24. Was disease or injury in any wa	ay related to occupation of deceased	no
20. F	ILED 6 10	1934 =	1 E. Tour	AO Registrar	(Signed) (Address) 85 /	dore Rod	lus the m
		If more	blanks are needed, a	ddress State Registrar,		questing V. S. No. 1.	7

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	And Andrews	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, ä

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH			
County Montgees	nery	Registration Dist. No. 2.1	14
Village or City Sylva	a spring.	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and num	wher)
Length of residence in city or town where		nos. ds. How long In U.S. if of foretgn birth?yrsmos.	
2. FULL NAME AMIL (a) Residence: No. 870	29 hours	lack. Ward.	
(1)	(Usual place of abode)	If nonresident give city or town and Sia	ite
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 27 19	93 4 (Yeer
5e. If matried, widowad, or divorced	Olack	22. LHEREBY CERTIFY That I attended dec	
(or) WIFE of - we fall su	more alay.	22. I HEREBY CERTIFY, That I attended dec	eesed 1
or DATE OF BIRTH (month, dey, end year)	Lee, 8, 1855		leath is
7. AGE Years Months	Days If LESS then 1 dey,hr.	to heve occurred on the date steted above, et Q, W Qu.m.	
17 10	or min.	wara as follows:	ate of or
8. Trede, profassion, or perticuler kind of work done, es SPINNER,	7 to 1	Willsposepleyous.	
SAWYER, BOOKKEEPER, etc.	elirica.	with heart disease!	- 82
9. Industry or business in which work wes done, es StLK MILL, SAW MILL, BANK, etc.			
O ID. Date decaased last worked at	11. Total time (yeers)	Do a p f	
this occupetion (month end yeer)	spent in this	Cerebra Memorrage	
		Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		coma laay	
	Stand		
	sacy.		
(Stete or country)	7-7	Neme of operation Data of	
	001	Whet test confirmed diegnosis? Wes there an auto	psy?
15. MAIDEN NAME Conclude 16. BIRTHPLACE (city or town)	u. carmer.	23. tf deeth wes due to externet couses (VIOLENCE) filt in elso the following:	
16. BIRTHPLACE (city or town)	1 4 1	Accident, suicide, or homicide? Dete of Injury	_, 19
(Stete or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MISS (Address) 86296	dearly ad Itra	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
18. BURTAL, CREMATION, OR REMOVAL	01.	Menner of injury	
Phoce Coffeelle Den Oct, 31, 1934		Neture of injury	
19. UNDERTAKER Transles (Address)	semphrey.	24. Was disease or Injury In eny way related to occupetion of deceased?	
(Audiass)	arienes so	If so, specify	
20. FILED 1934	- 100 Ja . al Da 1X	(Signed) (Legger) / Constant	y1

. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of cpilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10361
state UPA-	1. PLACE OF DEATH	93.00
ould stat	County montgomerse	Registration Dist. No.
-	Village or City Olney	No. mont Co Gen Stoop - St. Ward
0	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME intend of street and dumber) ds How long in U.S. if of foreign birth?
PHYSICIANS ict statement	CO. 1-10 RO D	1
ICI	2. FULL NAME elizabeth O (3 rows	A
Sta	(a) Residence: No. A Saylon Stoward Co. M. (Usual place of abode)	Mard. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
24	3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrice the word) Make	21. DATE OF DEATH OCT - 5th , 193 4 (Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HDSBAND OF (or) WIFE of Section 3	22. 1, HEREBY CERTIFY, That I attended deceased from
X A class	Constitution Teorge Story	Sept 30 - 1934, to Oct 5th 1934
	6. DATE OF BIRTH (month, day, and year) Sept 25-1881	I last saw held alive on DCX 4 th, 1934; death is said
ated roperl rtifica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
stated E properly certificate	0 9 0 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
be lo	8. Trade, profession, or particular kind of work done, as SPINNER, Lavae Reeber	pl and and
	9 Industry or business in which	Obronic myocardilis 1//34
should it may n back	SAW MILL, BANK, etc.	
(F) +0		
AGE that ions o	year) occupation occupation	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) Julian Statement Co	acute stepatites voday
efully supplied in plain terms, int. See instru	Elisha Saither	
upp ter e in	I	No. 10 10 10 10 10 10 10 10 10 10 10 10 10
y sur ain t	14. BIRTHPLACE (city or town) Day aland (State or country)	Name of operation Date of What test confirmed diagnosis? I discuss there an au'opsy? 26
efully in pla int.	15. MAIDEN NAME Mary Batterill	23. If death was due to externat causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 220 Date of injury 19
be carri	State or country) ma -	Where did injury occur?
	17. INFORMANT Sed Brown	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E E	18. BURIAL, CREMATION, OR REMOVAL	Manage of Islam
	Place revocal boward Date 10 - 7 1934	Manner of Injury
mation s CAUSE TION is	997 Ki Lill 3	24. Was disease or injury in any way related to occupation of deceased?
HCH	19. UNDERTAKER (Address) Eccut Cety my	If so, specify
17	20 FILED COCK 5 1934. C. S. Barnsley.	(Signed) Okas Osmubleson M. D.
	Registrar.	(Andress) Saudy Spring med
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	•
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUDGAU W F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1860)
County Morelyomery	Registration Dist. No. 21/
	No. he mould, O. Reul Ast, exclavard f death occurred in a horpital or institution, give its NAME instead of street and number) s. # ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(D) 1 (O)	
(a) Residence: No. Saithers large The	C. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (verite the word) Wale whete Single	21. DATE OF DEATH October 17 (A 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Oclober 14. 19.34. to Oclober 17. 19.34.
6. DATE OF BIRTH (month, day, and year) January 13, 1924	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.50 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	General Septerenia 10/14/34
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	- V
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) Sauchersburg (Stete or country) Marchersburg	Other Contributory Causes of Importence: Companies fracture of both 10/4/3
E 13. NAME albert Clagett	Tomes of the staff forwarder
13. NAME Albert Alagett 14. BIRTHPLACE (city or town) (State or country) 13. NAME Albert Alagett 14. BIRTHPLACE (city or town)	Name of operation was significant with dearing Date of 10/16/34 What test confirmed diagnosis? En annual or was there en europsy? MD
15. MAIDEN NAME Bestie Stephens	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bestie Stephens 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oscissand Date of injury Oct 7, 1934
17. INFORMANT Oxagilal Records.	Where did injury occur? Said Menadeur (Specify city or town (Spunty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Front One Sauthurburg Oct 19, 1934	Manner of injury Fracture of both bones of left to
19. UNDERTAKER DM. Prubu Pumpohing. (Address) Robbuilly Hid	24. Was disease or injury In eny way releted to occupetion of deceased?
20. FILED Oct 18, 1934. C. S. Barnsley.	(Signed) M. D. (Address) Sandy Spinning, 900
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ,-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

02 0

PLACE OF DEATH County Mordgomely	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/6
Village or City Phery Chase (No. 1. W. Ku 2FULL NAME Susie Gideon &	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single, MARRIED, Widows & OR DIVORCED (Write the word)	(Month) (Day) (Year)
November 10, 1844 (Month) (Day) (Year)	19/4 to 19/4 1934. that I last saw h. A. alive on Work 14 1934.
7 AGE 89 yrs. // mos. 4. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work.	Illusted asterio sollisora
(b) General nature of industry business, or establishment in which employed or (employer)	(Duredon) yrs. mos. ds.
9 BIRTHPLACE (State or country) Washington, D.C	Contributory Secondary (Duration) mosds.
10 NAME OF GEORGE S. Sideon	(Signed) M. D.
of FATHER (State or country) Washington D. C.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine la Drake.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Washington, D.C.	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Katherine G. Col.	if not at place of dea h?
(Address #7 Kirke, St. Cherry Chase, My	Oak Hill Cometery Wash. DC Oct. 16, 1934
15 Filed 10/16 1834 B, C. Kerry M. C. Regystral	Do UNDERTAKER P. Splane. 1623 Coun. Avz. Washington, D.C.
If more banks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopasumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Iaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "E:haustion," Whooping cough; approved by (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

should state

PHYSICIANS Exact statement

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10364
1. PLACE OF DEATH	
county mortgomery	Registration Dist. No. 216
Village or City Sommes	No. 510 Warwitz Ol & Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Journell, be	muell company
(a) Residence: No. (15/0 Warwich (Usual place of abode)	Mard.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH A A
male white Married word)	(Month) (Day) (Yéar)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Wary Conwell	Oct 1844 1934 10 Oct 304 1934
6. DATE OF BIRTH (month, day, and year) May 29, 1853	I last saw h Less alive on Oct 304, 1934, deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.41 ft.m.
8 1 3 1 1 day,hrs.	were as follows.
Z Trade, profession, or particular tind of work done as SPINNED	Chronic mocardites. Date of one et
kind of work done, as SPINNER, Wettied	Duration: two years cue
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation of month and a second in this coupation of month and a second in the second in th	J wy,
10. Date deceased last worked at this occupation month and 11. Total time (years) spent in this	
this occupation (month and 1918 spent in this 40 year)	4
12 PINTIPLE CO.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME MRYDWN	
14. BIRTHPLACE (city or town) My Rusum	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MURIOWS	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MARCHOWN 16. BIRTHPLACE (city or town) Mask Mowy	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT : Estullinger (Address) 510 Warwick Cl.	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash Weg Date Oct 30 1934	Nature of injury
19. UNDERTAKER Wm. J. Walley	24. Was disease or injury in eny way related to occupation of deceased?
(Address) 522 - 8 h. St.	If so, specify
0/30/ 130/ 120 Poss 2 X	(Signed) D. O. V. L. L. L. S. O. M. D.
20. FILED / 19 94 09 Color M. O. Registrar.	(Address) Olther M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

20. FILED Oct. 4, 19346

1. PLACE OF DEATH County Montg Village or City Gaithersburg (H	Registration Dist. No. 218 ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign blith? yrs. mos. ds.
2. FULL NAME James Author Cooley (a) Residence: No. Gaithersb urg Md (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roda Cooley 6. DATE OF BIRTH (month, day, end year) July 3I. 1866	1 HEREBY CERTIFY, Thet I ettended deceased from 1934, to 2, 1934; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated ebove, ate_m,
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc	ottacked to beaun 10/2/34
12. BIRTHPLACE (city or town)	7 Other Contributory Causes of importance:
13. NAME Arrus J Choley 14. BIRTHPLACE (city or town) Md (State or country)	Name of operation
15. MAIDEN NAME Rizabeth Grimes 16. BIRTHPLACE (city or town) Md (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Ida Gray (Address) Gaithersburg Md 18. BURIAL, CREMATION, DR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
Place Gatthersburg Date Oct 4th19 34	
19. UNDERTAKER Ernest C Gartner (Address) Gaithersburg idd	24. Was disease or injury in any way related to occupation of deceased?

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10366
1. PLACE OF DEATH	93-6
County Moulganing	Registration Dist. No.
Village or City Danson Will	No. 77-0 Dansourle U.S., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella / Crawford	
(a) Residence: No. Deursonalle had	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH (3 , 1934 (Year)
53. If married, widowed or divorced HUSBAND of Cor) WIFE of Jachana . Therefore	22. I HEREBY CERTIFY. That I ettended deceased from
mal 10 - 1015	I last saw h. A. alive on Och 34 , 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
2 Trade a straggin or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House William SAWYER, BOOKKEEPER, etc.	Orleved Scleves 1615
0 Industry or business in which	
work was done, as SILK MILL, downerful ag	
10. Oate deceased last worked et this occupation (month and 930 spation this occupation (spation (spation coupation comparion	
year) 930 occupation 979	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Many Land	Chione Brencheles 1975
(Stale or country)	(not tatercular)
13. NAME Chas. a Cranford	
13. NAME Chas. a Crawford 14. BIRTHPLACE (city or town) Many Land (Stale or country)	Name of operationOate of
(State of County)	What test confirmed diagnosis? Was There en au'opsy?
15. MAIDEN NAME RUCK E. Thompson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ruth & Thompson 16. BIRTHPLACE (city or town) World: Car M. Q. (State or country)	Accident, suicide, or homicide?
17, INFORMANT Kalie B. Dutrow (Address) 1529 Rose St. Ballinge W.d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tuylonsmils Oate Oct 6, 193	Nature of injury
9-1-5-1	24. Was disease or injury In eny way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILEO / D/4 , 1934 EWWhite	(Signed) Uplon Dhamp

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7867			
Other contributory causes of importance:	(0)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

)	ECORD	PHYS	tact sta	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WATH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	structions on back of certificate.
MAR	N. B.—WRITE PLAINLY, WASH UN	mation should be carefully suppl	CAUSE OF DEATH in plain terr	TION is very important. See instructions on back of certificate.

			OF MARY	YLAND-	CERTIFICATE OF DE	ATH 10367
	L. PLACE OF DEA	ATH DOWN	111		<u> </u>	
4	County	nog we		/	Registration	Dist. No. 223
P di	Na Village or City	acon	a van		No. Wash and the of death occurred in a hospital or institution, give its NAN	St., Ward
	Length of residence in	city or town where	death occurred		ds. How long in U. S. if of foreign birth?	yrsds.
	. FULL NAME	un	named	Den	neon ?	
	(a) Residence: Np.				St., Ward.	
			(Usual place o		lf nonresider	at give city or town and State
-	PERSONAL AT		1		MEDICAL CERTIFICAT	E OF DEATH
3.	A	or or race	5. SINGLE, MARE OR-DIVORCED	(write the word)	21. DATE OF DEATH Ochob	(Day) (Year)
5a.	If married, widowed, or div	rorced				
	(or) WIFE of		0		22. HEREBY CERTIF	Y. That I attended deceased from
6	DATE OF BIRTH (month, da	OY.	1 9 ch	1934	I last saw h in alive on Oth 8	19 34 : death is said
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10	P.m.
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau	V
z	8. Trade, profession, or p	particular		1 01	were as rollows:	Date of onset
10	kind of work done SAWYER, BDDKKE	, as SPINNER, EPER, etc	A-2		Driven Extraction	
1PA	9. Industry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,	none -		Digith dur to de	way ,
OCCUPATION	10. Date deceased last wo this occupation (mo	orked at onth and	11. Total tir	t in this	two amail -	Relivio
12.	BIRTHPLACE (city or town	Ask in	e Park	mation	Dther Contributory Causes of importance: A Charles Sunay the	fild my
~	(State or country)	A	7 2		large	
HEH	13. NAME	remar	a ven	meen		
FATHER	14. BIRTHPLACE (city or t	own) Vm	ice yes co		Name of operation	Date of
_	(State or country)		The ky	- Cara	What test confirmed diagnosis?	Was there an autopsy?
HER	15. MAIDEN NAME	ranero	Troval	1 9 5	23. If death was due to external causes (VIOLENCE)	fill in also the following:
MOT	16. BIRTHPLACE (city or t (State or country)	own)/Oax	series.	Maylaid	Accident, suicide, or homicide?	Date of Injury, 19
	(State or country)	A. A.	0 173		Where did injury occur? (Specify city o	or town, county and State)
	(1.00.00)	migs &	LA RAD	4-1 ·	Specify whether injury occurred in INDUSTRY, in H	DME, or in PUBLIC PLACE.
18	Burial, CREMATION, DR	removal	departe Oct	9 ,1934	Manner of Injury	
19.	UNDERTAKER Mrs. (Address) 429	of Sherbroom		ord .	24. Was disease or injury in any way related to occu	pation of deceased?
20.	FILEDOT 9 U	1934 7	120 g	Registrer.	(Signed) A aungla V (Address) 7 Q5 Camolla	Kress, Wr Feelwag Park hu
-		7.0	11 1			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

10368

1. PLACE OF DEATH	(46)
county Montgonery	Registration Dist. No. 2 16
Village or City Charles (If Langth of residence In city or own where death occurred	No. 6 90 6 Cons. Osc. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
The state of testage of the state of the sta	1. Alexander of the second of
(a) Residence: No. 690 lo Connecticut Art	Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 2/, 1934 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Output Dec. 3, 1864 7. AGE Years Months Days If LESS than	1 HEREBY CERTIFY That I attended daceased from 1934, to 21, 1934, daath is said to have occurred on the data stated above, at 3, -m.
8. Trade, profassion, or particular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	accusing of fronteen
12. BIRTHPLACE (city or town) / Causas Cify, Mrs. (State or country)	Other Contributory Causes of importance:
13. NAME Daniel Hurling 14. BIRTHPLACE (city or town) Cort, Dreland. (State or country)	Name of operation Academic Name of operation Academic Name of operation Academic Name of Operation States and Operation Name of Operation
15. MAIDEN NAME Catherine Murphy 16. BIRTHPLACE (city or town) Cork, Drelaud. (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT Mrs. Nathryn Doyd (Addrass) 3726 Com. fr. Wash. S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Int. Olinet Data 19	Manner of Injury
19. UNDERTAKER Martin W. Hysong Co. (Address) 1300 N STIN. N. Mach. D.C.	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED Oct. 21, 1934 Thomas 1. Conrad to	(Signed) (sunf I take speed M. D. (Address) Betherda Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

193.9

(Year)

Date of enset

(Day)

FOR

RESERVED

state

1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
U			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County montgomen	Registration Dist. No. 2/7
Village or City Jones Ly Johny	No. St., Ward
Length of residence in city of town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?mosds.
2. FULL NAME Sallie Edward	ds.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the, word)	21. DATE OF DEATH Of
Tem A.A. married	(Month) (Day) (Wear)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Arthur Edwards	22. I HEREBY CERTIFY, That I attended deceased from June 18 1934 to October 4 1934
6. DATE OF BIRTH (month, dev, and year) 1867-14/	Mast saw her alive on Qt 3 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, et 3 in Am.
67 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1020
kind of work done, as SPINNER, House heeke SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	gasvic Carcinona 1752
work was done, as SILK MILL, SAW MILL, BANK, atc. SAW MILL, BANK, atc.	
10. Dete dacaased last worked et this occupation (month and 6. 1. 34 spent in this occupation 4.0	
7. 7. 0.	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	
II 13. NAME William Powell	
13. NAME Walliam Owell 14. BIRTHPLACE (city or town) Monthly CO	Neme of operation Data of Data of
(State of country)	What test confirmed diagnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME LINKENSON 16. BIRTHPLACE (city or town) Linkenson (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Lunker	Accidant, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colorards.	Specify whether injury occurred in INDUSTRY, in HOME, or in POBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Spark Street and Date Out 7, 19.3 4	Mannar of injury
19. UNDERTAKER ROY W Barber (Address) Realist Market Marke	24. Was disease or injury In any way ralated to occupation of deceesed?
20. FILED CLAS 1934 CBandly Registrar.	(Signad) Webse Sewell M. D. (Address) Selves Spring
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF	F DEATH
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1	03	17	1
	UU	6	1

1. PLACE OF DEATH	
County Moutposilry	Registration Dist. No. 2/2
Village or City Pollerullo.	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Tilliano Ell.	ii.
(a) Residence: No. Poolex villa Manual (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH Oct 28 , 193 4 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Farmer Jones Elgin (or) WIFE of	22. O HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sel 30 - 1867	Wast saw h and alive on Q 2 7 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 430 4m.
16 67- 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Merchanet	thomas Interstacial July
kind of work done, as SPINNER, Merchantel SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at / good 11. Total time (years) this occupation (month and)	myreardites with
Date deceased last worked at good 11. Total time (years) this occupation (month and 6 World spent in this year)	
12. BIRTHPLACE (city or town) Edwards Gerry (State or country) Movely Co. mid,	Other Contributer Causes of Importance: Dealities 1932
13. NAME Charles Fleuton Elecui	
13. NAME Charles Fletton Elgeni 14. BIRTHPLACE (city or town) Arthred Charles (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selen November Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Selen Douglos Scieth 16. BIRTHPLACE (city or town) Sushing	Accident, suicide, or homicide? Date of injury19
(State or country) Turifiched	Where did injury occur?
17. INFORMANT Philes Former Elging (Address) Pooles will mile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Monorary Date 10/30 1934	Nature of injury
19. UNDERTAKER Hilton & Hall (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/30, 1934 Elv. White	(Signed) What M. D. (Address) Walle Zand M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

EXACTLY.

AGE should be stated

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF	MARYLAND-CERTIFICATE OF	DEATH
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	CERTIFICATE OF DEATH 10372
1. PLACE OF DEATH	(98)
County / Wongomery	Registration Dist. No.
Village or City Mr. (Oldan) Store	No. St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Nathlened Gliott	
(a) Residence: No. Alexon Olivo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Paul E. Elliott	22. I HEREBY CERTIFY, That i attended deceased from 25, 1934 to Oct. 4 1934
6. DATE OF BIRTH (month, day, and year) Nov. 22 1902	I last saw to alive on Oak 1 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Sm.
34 9 13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Careinoma of alleries 1-yr. as
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MilL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and 45 1934 spent in this occupation)	
12. BIRTHPLACE (city or town) Keyser	Other Contributory Causes of importence:
(State or country)	- f f f f f f
13. NAME Engene D. filler 14. BIRTHPLACE (city for town) Keysen	Has Mealed in Wiron Rospital
14. BIRTHPLACE (city of town) (State or country)	Name of operation The Date of
	What test confirmed diagnosis? Was there an autopsy? //
15. MAIDEN NAME Filhan & Simons 16. BIRTHPLACE (city or town) Philippi (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Engent D. Faller (Address) R. D. Faitherstong Med.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Process Of 7, 1934	Menner of injury
19. UNDERTAKER Ernest C. Lartner (Addiess) Larthersburg md.	24. Wes disease or injury In any way related to occupation of deceased? 723
20, FILED Oct 7, 1934 Willa W. Burditt	(Signed) Lessa M. Boyer M. D. (Address) Damaseine M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNOERTAKER (Address)

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OCCUPA

statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 211 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos.___ Length of residence in city of town where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorcad CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS than Years to have occurred on the date stated above, at ... 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. -Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 11, Total tima (years) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. Was thera an autopsy! MOTHER 15. MAIOEN NAME 23. If death was due to external causas (VIOL ENCE) fill In also the following: 16. BIRTHPLACE (city or town)

Whera did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

		 					 		-	
A Wa	e diena	 iniury i	 11/01/	rolate	d to	 natio	 doce	acad:	2	

If so, specify

(Address) __.

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FU	JRTHER S	TATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10374
1. PLACE OF DEATH	(210-/m)
County Mouly omery	Registration Dist. No. 21/
Village or City Olliege Word	The Mouty Co Theil 1 Kista he toward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Culk + oster	
(a) Residence: No. Rockulle, Md	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
Service burger Services Surger Services	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wire or	October 16 19 34 to October 14 1934
6. DATE OF BIRTH (month, day, and year) Sepleculer 9, 1927	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1:10_A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Shock 8 face
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (mostly and	J. now
SAW MILL, BANK, etc	
O 1D. Date deceased last worked at 11. Total time (years) this occupation (month and year) occupation occupation	
2.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Fraction of back femure, 8 hour
	fracture of right forearm.
13. NAME (levelaced Foster) 14. BIRTHPLACE (city or town) Luray, Va.	Gealine y skull Milliple truises
4. BIRTHPLACE (city or town)	Neme of operation Oate of
	What test confirmed diagnosis? Cyfarinatur Was there an au'opsy? 27.0
15. MAIDEN NAME Virguise Miller	23. If death was due to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME Virguise Miller 16. BIRTHPLACE (city or town) Typoid Royal	Accident, suicide, or homicide? Accident Date of injury 10 16, 1934
(State or country) Virginia	Where did injury occur? Mean Consequent Tous
17. INFORMANT Haspelal Records.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, DR REMOVAL	Tuble Tare
Place Packland - Va Date Oct 19 1934	Menner of Injury
04	Neture of injury foream fractions y shall multiple
19. UNDERTAKER Km. Frubry Tury	24. Wes disease or injury in any wey related to occupation of deceased? No view
(Address) (charles - mal &	If so, specify
20, FILED Oct 18, 1934. C, S. Barnsley,	(Signed) M. D.
Registrar.	(Address) Daudy Spring, and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100V 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	of	1	
	statement		
	Exact		
	classified.		
	properly	certificate	
!	pe	of	
manon supplied to carried by breath the same of the sa	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
HEALIOH SHO	CAUSE OF	TION is ve	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10375
1. PLACE OF DEATH	82-0
. County M oul gower	Registration Dist. No.
Village or City Seuled	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Margaret 9	7
(a) Residence; No. Seulca (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR D. VORCED (Turine the word)	21. DATE OF DEATH / O
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of George Good	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 744.25118	I last saw her alive on Oct / 6 1, 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 7 22 1day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, p-ofession, or particular kind of work done, as SPINNER, Asserber SAWYER, BOOKKEEPER, etc.	Cerebeal Ramonhage 16-16:16
SAWYER, BOOKKEEPER, etc.	1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arlessed Solemons 1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Charles Cex Md (State or country)	Other Contributory Causes of importance: Acoustic States of importance: 1978
13. NAME Edulard - when	
13. NAME Edward - Writer 14. BIRTHPLACE (city or town) - Chase Ces MC	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Magarel Noway	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Magael Noway 16. BIRTHPLACE (city or town) Cleas Ces Mer (Stete or country)	Accident, sulcide, or homlcide?
17. INFORMANT This Jesus Sager - (Address) Jenkan Ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Darweller Date Cost 19-, 19-3	Manner of Injury
19. UNDERTAKER Publish & Cumpling (Address) Bock belle Mid	24. Was disease or injury In any way related to occupation of deceesed? 220
20. FILED/1/19", 19.3 4 1/2 Processe Mr. D. Registrar.	(Signed) Solin Whoms M. D. (Address) Dansonvilly And

If more bland are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

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1. PLACE OF DEATH	93-6	
County montgomery	Registration Dist. No. 218	
Village or City Is on Laly louszielle zu	No. St.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	
(a) Residence: No. M. Lasylandsulla (Usus place no abode)	St., Ward. If nonresident give city or thwn and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word) Male Married Married	21. DATE OF DEATH (Month) (Day) (Text)	
5a. If married, widowed, or divorced HUSBAND of Miller In allered (or) WIFE of	22. I HEREBY CERTIFY, That I attandad daceased	
6. DATE OF BIRTH (month, day, and year) Aug 13, 1877	I last saw h alive on Qct 24 1934, daath	
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3. m.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Cardiac Dilatation Oc	125
work was dona, as SILK MILL, SAW MILL, BANK, etc	Jus	lduz
this occupation (month and , 1 st. 1934 spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Calchuson Tung (State or country)	Impo-Cardetin 3	400
13. NAME / My Hangfelle 14. BIRTHPLACE (city or town) 2 Eleting or mid		
(State of Country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? Was there are nationally to the confirmed diagnosis? Date of Was there are nationally to the confirmed diagnosis? Date of Was there are not only to the confirmed diagnosis? Date of Was there are not only to the confirmed diagnosis? Date of Was there are not only to the confirmed diagnosis? Date of Was there are not only to the confirmed diagnosis? Was the confirmed diagnosis?	200
15. MAIDEN NAME Larah Grafille 16. BIRTHPLACE (city or town) Frederich Co mod (State or country)	23. If death was due to axternal causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?	
17. INFORMANT May Mellie fresselle	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.	***
18. BURIAL, CREMATION, OR REMOVAL. Place Lay Sono relle Cay Date Och 27, 1935	Mannar of Injury	
19. UNDERTAKER Joy W Derbur (Address) Sattlershing Mid.	24. Wes disease or injury In any way ralated to occupation of deceasad? 200	
20. FILED Ack 26, 19.34 Hay Dyery Registrar.	(Signed) A Dyson (Address) Day Long wille Med.	_M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEALLY S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			27113

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1, PLACE OF DEATH	93-c
County montgomeny	Registration Dist. No. 214
Village or City	No. 2 2 Walth Mandam & Style Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME adeline E, Hac	
(a) Residence: No. 5 2 South Mendin Du (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dely ben 23 193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Frederick M, Haas	October 21, 1934, to October 23, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LSS than	i last saw h alive on 2
/28 11 12 1 day,hrs.	to have occurred on the date stated above, at. 4, 1, 1, 2, 0, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	acute Hibrania Pleuris Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	acute Bronchitis V Oct 21, 34
work was done, as SILK MILL, Dun Home	
10. Date dacaasad last worked at this operation (month and the operation (month and the operation (month and the operation) (a)	
12. BIRTHPLACE (city or town) La Carching to	Orger Contributory Causes of importanca: Chromic Mago Carchitis 6 mag
(State or country) Protect of Columbia	Tratter only ftent on
13. NAME	() () () () () () () () () ()
(State or country)	Name of operation. Date of
15. MAIDEN NAME	What tast confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accidant, suicida, or homicida?
(State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT Heeleville M. Jans. (Address) 52 South mansing & Ave	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washing treat 25, 19.34	Manner of injury
19. UNDERTAKER S. H. Hines la. (Addrass) Washing ton sec.	24. Was disaasa or injury in any way raiatad to occupation of dacaased?
20. FILEDON 24, 1934 7-8 Dunlay Registrar.	(Signad) M. M. D. M. D. (Address) 928 sliger are, Februs Spring,
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charle.

MEDICAL CERTIFICATE OF BEATH	
OF DEATH (Month) (Day)	, 193 4 (Year)
I HEREBY CERTIFY, That I attended	deceased from
red on the date stated above, at 5	; death is seid
PAL CAUSE OF DEATH and related causes of Importance ws:	Dete of onset
nal Rememberge	10/24/34
bupery Causes of importance: Hattry)	
ration Date of	
nfirmed diegnosis? Was there an a	
as due to external causes (VIOLENCE) fill in also the following cide, or homicide?	: 19
jury occur?(Specify city or town, county and Stat her Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	e)
jury	
ury	
se or low in any way related to occupation of deceased?	
Address) 3.00 Carroll Call	M. D.
Street, Baltimore, Requesting V. S. No. 3.	factory.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALL STATE OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	
72 0	
County Montgonicy Registration Dist. No. 2	2/3
Village or City / Folgoniae No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town where deeth occurredyrsmosds. How long in U.S. if of foreign birth?yrsmosds.	mber)
2. FULL NAME William Fiel	
(a) Residence: No. Volomac St., Ward.	
(Usual place of abode) If nonresident give city or town and St PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	tate
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 21. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 21. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 21. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 21. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 31. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 31. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 31. COLOR OR RACE 31. COLOR OR R	
Male White OR DIVORCED (write the word) (Month) (Day)	193 44
5a. If merried, widowed or divorced HUSBAND of	yroon)
(01) WIFE of Davina Del Deliver Golden one hold	., 19. 34
	death is said
7. AGE Yeers Months Deys if LESS than to have occurred on the date stated above, a believe in the principal CAUSE OF DEATH and related causes of importance	·H -
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, Letine Farmer Chieffing SAWYER, BOOKKEEPER, etc.	Mit
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	18
U 10. Date deceased last worked et II Total time (years)	1934.
year) occupation	
12. BIRTHPLACE (city or town) Haryland Other Contributory Causes of importance	1
(State or country)	
13. NAME Unknown Dell as yet moderated Dete of	
14. BIRTHPLACE (city or town) Dete of (Stete or country)	
What test confirmed diagnosis? (Male Was there are out	opsy:
23. If deeth wes due to external ceuses (VIOT ENCE) fill in also the following:	£ 3.
16. BIRTHPLACE (city or town) Accident, suicide, or homicial of the finance many (State or country) Where did injury occur? Totomac, Manage Of	74 J.
17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Pulsings Med	E.
18. BURIAL CREMMION, OR REMOVAL Menner of injury mat determined	
Place Volumer - Mc Date Ul 70, 1934 Nature of injury crushing inquires	o head
19. UNDERTAKER Um. Trubu Pumphung 24. Wes disease or injury in eny wey releted to occupation of deceased? If so, specify	co.
20. FILED 10 - 20 1934 mis. Prace (Signed) If It of alleum	M. D.
Registrar. (Address) Rockville, Ing.	/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 10381
	723
County Montgomery	Registration Dist. No.
Village or City Takema Rask (II *Length of residence in city or town where death occurred 3 vrs mos	Nourishington Sanita riuses and NospitalSt., Ward death occurred in a happital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos ds.
A M	yrsmosas,
(Usual place of abode)	St., Ward. Takama Yayk, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 3 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF COOK WIFE of Violet Belle Martin - Holder	22. 1 HEREBY CERTIFY, That I attended deceased from
	Left 29, 1934, to 10-3, 1934
6. DATE OF BIRTH (month, day, and year) Ougust, by 1863 7. AGE Years Months Days If LESS than	I last saw hassa alive on 10/-3, 19.34; death is said
71 27 1 day,	to have occurred on the date stated above, at
8 Trade profession or postiguites	were as follows:
Wind of work done, as SPINNER, Janton SAWYER, BOOKKEPER, etc. Janton 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	Danta Halatto also
9. Industry or business in which	Con D. Chalances 1572
work was done, as SILK MILL, High School	1939
- This occupation (month and 10%) Shellf III fills	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Pitts burgh, Pa.	
II 13. NAME Jacob Halder	Drainage Coursean Duck.
13. NAME Jacob Haller 14. BIRTHPLACE (city or town) Querrane May	Name of operation Date of 9-30-34
(State of country)	What test confirmed diagnosis? Was there an autopsy? Le
15. MAIOEN NAME Henrietta Hinkel 16. BIRTHPLACE (city or town) - Operander	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Warshington Sanitarium Records	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rakalna Park, Md.	£
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Octa Octa Oct), 193	Nature of injury
19. UNOERTAKER Whandlere Co (Addiess)	24. Was disease or injury in any way related to occupation of daceasad?
20. FILED 9013 , 1934 A Spagar	(Signed) MV recurrence M. D.
If more blanks are maded added Sara British	(Address)
inore values are necuted, address State Registrat,	2411 IV. Unartes Street, Baltimore, Kequesting "U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIAIL	IN MAKILAND	CENTIFICATE OF DEATH	14200
1. PLACE OF DEATH	*	ng ng	10995
County	Mamery	Registration Dist. No	214
Village or City Cales	refle /	No. Streath occurred in a horpital or institution, give its NAME instead of stree	t.,Ward
Length of residence in city or town where	/		
2. FULL NAME Glad	une Clinabels	Jackson	
(a) Residence: No. Carl	Covel place of abode)	St., Ward. If nonresident give city or tow	on and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
3. SEX Ley 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH States (Day)	5 193 4 (Year)
5a. If married, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I att	
(or) WIFE of	V	22. I HEREBY CERTIFY, That I atte	5 1934
6. DATE OF BIRTH (month, day, and year)	une 3,1934	I last saw her alive on October 5, 19	34; death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:45 Pm.	
0 4	2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	Inlant	110	
SAWYER, BODKKEEPER, etc	f	necesanos garrins	10.1.34
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	/	<i></i>	
ID. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yaar)	occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	AND P. N. S	Audoses Hehijahahor	10:3.34
13. NAME Europe Do	spring ma.	Enteritis /	10.3.34
7 /2	P. P.	200	
(State or country)	oug ris.	20.	e of
15. MAIDEN NAME Berth	Out son		re an autopsy!
	1/2 to Co	23. If death was due to external causes (VIOLENCE) fill in also the fol	1
16. BIRTHPLACE (city or town)(State or peruntry)	mangioni	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
500 2000	Ja shawi	(Specify city or town, county as Specify whather Injury occurred in INDUSTRY, in HOME, or In UBL	nd State)
17. INFORMANT (Address)	fred the said	Specify whather injury occurred in Thousand, in Nowe, of Inforce	TO PLACE.
18. BURIAL, CREMATION, OR REMOVAL	(0 0 /	Manner of Injury	
Place	Date Och 0 , 19 3	Natura of injury	
19, UNDERTAKER	1	24. Was diseasa or injury In any way related to occupation of dacaase	1d? 70
(Address)	1150 Ben	If so, specify	2
20. FILED Pall 1984 9	6 Dulley Registrar.	(Signed) / PRIS NEWELL Spri	M.D.
If more	blanks are needed addre s State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County MONT gomery	CERTIFICATE OF DEATH
Village or City Takoma Tark (No. 3	Registration Dist. No. 223 12 Cedar Aug. Ward) a hospital or institu
2FULL NAME Clara Esmi	ina Scott lones tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, W. Chound WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH November 9, 186 (Month) (Day) (Year)	that I last saw was alive on the last saw wa
23 yrs. // mos. / O ds. or min.	: Cardio-Vareular
(a) Trade, profession or particular kind of work.	Reval Deserge
business, or establishment in which employed or (employer)	Chronic mos de
9 BIRTHPLACE (State or country) Country Tenn	Contributory Secondary (Duration) vis. mos. ds.
FATHER Charles K. Acatt	(Signed) Schuth Krillinan M. D.
State or county Washs Co. Pern,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother aldelaide Chestor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of Mother (State or Country)	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Information Comes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 3/2 Coda/Clury,	Washington, D.C. Oct. 19th. 19 3
15 Filed Oct 19 1984 20.6, Koger	20 UNDERTAKER ADDRESS

1 10-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthto report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, 07 especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomolive engineer, who have no occupation single word or term on -Coal mine, etc. Womnot gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopicumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory of the death

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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ø	4	
U	2	

	STATE	OF MARYLAN	D-CEF	RTIFICATE	OF DEATH	10384
1. PLACE	F DEATH	1-		<u> </u>		
County	mon	Agi		A	Registration Dist.	No. 217
Village or	City_Sau	dift Spun	(If death or	curred in a hospital or instit	tution, give its NAME inste	St. Ward
Length of re	sidence in city or town where	e death occurredyrs		_ds. How long in U.S. If		
2. FULL N	AME Euri	w7, Ku	uch.			
(a) Reside	nce: No. Road	7 8 Same	y show	ing Ward.	If nonresident give c	ity or town and State
PERSO	NAL AND STATIS	TICAL PARTICULARS		MEDICAL C	CERTIFICATE OF	
3. SEX male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the y		ATE OF DEATH	(Month)	(Day) (Year)
5a. If married, wide HUSBAND of (or) WIFE of	hus nelles	B. Kung	22.	I HEREB	Y CERTIFY, T	hat I ettended deceased from
6. DATE OF BIRTH	(month, day, and year)	200 281 18	7 / . I last	saw haud alive on	och- 2	2 - 1934; death is said
	ears Months	Days If LESS		re occurred on the date stat	ted ebove, et	m.
62	11	26 1 dey,		RINCIPAL CAUSE OF DEA as follows:	TH and related causes of i	mportance Date of onset
	work done, es SPINNER.	see Rep.		Diabeles		19.2.9
SAWYE	R, BOOKKEEPER, etc	rofit duig as	100.			
9 Industry of work w	as done, as SILK MILL, ILL, BANK, etc					
O 10. Date decea	sed last worked at upation (month and	11. Total time (years) Spent in this occupation	ince			
	2 A	occupation	Other	Contributory Causes of Imp	portance:	
12. BIRTHPLACE (State or co		ON C		youaditi	e + Fal	Ty 7- Mala
₩ 13. NAME	O of 1	and h		theren !	0 + +	4 July
T	your k	To		usine a	telation	2000
6.	E (city or town)	eouann.		of operationtest confirmed diagnosis?	La la ctar.	Date of
15. MAIDEN N	AME GATAL	ill Falan		eath wes due to external ca		Was there an autopsy?-7-6-
- 1	E (city or town)	442 0 5				f Injury, 19
∑ (State	r country)	in nock		did injury occur?		
17. INFORMANT	mis Ne	ller Kruf		y whether injury occurred i	(Specify city or town, In INDUSTRY, In HOME, or	county and State) r In PUBLIC PLACE.
18. BURIAL, CREMA	rdo Tues	Date Oct 23	2 d	er of injury	••••••	•••••••••••
19. UNDERTAKER (Address)	Vry. Rub	en Temphe	24. Was	s disease or injury in any v	way related to occupation o	f deceased?
20. FILED CLAS	23 1934 C	8. Barnely	, (Signed) - Lund	vk. boma	M. D.
		Regis		(Address) - Charles Street, Baltimore, R	The On Orale	mar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	10356
P DEATH		

1. PLACE OF DEATH		
County Montery exy	Registration Dist. No. 223	
Village or City Takoua Part - Maryle	and No. Washington San + Hospitalst, Wa	rd
_ / (I	death occurred in a horpital Cinstitution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?	de
2. FULL NAME Mr. Clarence El ushi	3	4.30
(a) Residence: No. 3804 Kansas Que	st., N. W. Ward. Washington of out D, C	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	_
Male White Widower	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBANO of	22. I HERERY CERTIFY That I attended deceased for	
(or) WHEE of Emma Gates Lushy	1 HEREBY CERTIFY. That I attended deceased from 1934, to October 16, 1934	
6. DATE OF BIRTH (month, day, and yeer) October 30-1864	I lest sew hi 22 alive on October 16 1934 deeth is sa	
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, et	
69 11 16 ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance were es follows:	-
8 Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Date of one	
9 Industry or husiness in which	Chilate Prostate	2-
work was done, as SILK MILL, SAW MILL, BANK, etc	times to belove I'm	
O 10. Date deceased last worked et this occupation (month and year) 11. Total time (yeers) spent in this occupation occupation		
n/3	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Who cardial failure Andle	
13. NAME James T. Lushu		
13. NAME James T. Rusby 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of	==
(State of Country)	Whet test confirmed diagnosis?	
15. MAIDEN NAME And Suckett 16. BIRTHPLACE (city or town) Mary and	23. If death was due to external causes (YIOL ENCE) fill in elso the following:	
[State or country]	Accident, suicide, or homicide? Date of injury, 19	
	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Washing tou Danitaxium Tecords	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Wash, & E. Dete Oct 16, 1934	Nature of injuryO	
19. UNDERTAKER HOWEYER	24. Was diseese or injury in eny way related to occupation of deceased?	-
(Address) Wash D. 6	If so, specify	
20. FILED CO. 19.3.4 TO. O. O. Registrar.	(Signed) (Sachustan Sanstarum) M.	D.
If more blanks are needed, address State Registrar,		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINEAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10	387
1	. PLACE OF DEATH		000
	County Montgomary	Registration Dist. No.	7
	Village or City Colney, ma		- QWard
	O (If	death occurred in a hospital or institution, twe its NAME instead of street and his	umber)
		ds. How long In U.S. If of foreign birth?yrs,mos	sds.
2	FULL NAME Richard allers	Morcoon	
	(a) Residence: No. URocke Classification (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
e-total	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Jidio
5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) 1. marriad, widowad, or divorced	21. DATE OF DEATH October 25 (Month) (Day)	193(Year)
Ja.	HUSBAN of (ar) WIFE of Mancy Mexan	22. HEREBY CERTIFY, That I attanded d	deceased from
	DATE OF BIRTH (month, day, and yaar) AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, at 12:15 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0	8. Trada, profession, or particular	were as follows:	Oate of onset
ION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Shock	10-25-
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		34
OCCUPATION	SAW MILL, BANK, etc		
12.	BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance: SKull Gracture Fracture of Right Human	
ER	13. NAME unbenouen	There is a superior	>
FATHER	14. BIRTHPLACE (city or town) La Caracter (Stata or country)	Name of operation Data of What tast confirmad diagnosis? Was there an au	uo .
ER	15. MAIDEN NAME JANDON OCATA	23. If daath was due to external causes (VIOLENCE) fill in also tha following:	
MOTHER	16. BIRTHPLACE (city or town) Lease Company (Stata or country)	Accidant, sulcide, or homicida? Data of injury 10 - 2	5,19.34
	INFORMANT Collect Gedney Mexamina (Address) Rock ville, Mil.	(Specify city of town, county and State Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE. Corkerle
18.	Place Ocuston Date Och 27, 1934	Mannar of injury Automobile accepted Nature of injury Fractices 8km20 - Fr. Rt. He	t merus
19.	UNOERTAKER Warner & Pumpbeau (Addrass) Pocloricoa Ind.	24. Was diseasa or injury In any way related to occupation of deceased?	
20.	FILEO Och le le 19 () S. 19 amsley , Registro.	(Signad) Jandy Jenne	md.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-	CERTIF	TICATE	OF	DEATH	
АТН							

1	13	2	9	8
1	U	U	1	0

1	1. PLACE O	F DEATH			(82.50)	
County_Montgomery					Registration Dist. No. 2/6	
	Village or (,			No. # 9 East Underwood St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
					ds. How long in U.S. if of foreign birth?yrsmos	ds.
		ME Estelle				
	(a) Resider	nce: No. # 9 Eas	t Under (Usual place		St., Ward. Chevy Chase, Md. If nonresident give city or town and State	
	PERSON	NAL AND STATIST	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
9	sex 'emale	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Wido	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH // 3/ ,193 (Month) (Day) (Ye	<i>(</i> -
5a	. If married widov HUSBAND of (or) WIFE of	John Of Rou	ırke		22. A I HEREBY CERTIFY That I attended deceased	d from
6.	DATE OF BIRTH	(month, day, and year) De	ec.,31st	.,1865	I last saw h	is said
7.	AGE Yes	Months 2	Dåys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 9 35A m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
TION	8 Trade profession or particular				Generalized Arterioscleson	lonset
OCCUPATION	work we SAW MII	business in which is done, as SILK MILL, LL, BANK, etc			Cerebral Hemorrhoge 193	3/-32
00	this occu	ed last worked at pation (month and	spa	ime (years) ntin this upation		
12	BIRTHPLACE (ci				Other Coutributory Causes of importance:	
ER	13. NAME	Robert John	nson			
FATHER	14. BIRTHPLACE	E (city or town)			Name of operation	
ER	15. MAIDEN NA		กร์ ธ		What test confirmed diagnosis? Wes there an autopsy?	100
MOTHER	16. BIRTHPLACE	(city or town) Va			23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT J. A. Honsick. (Address) # 9 East Underwood St. C.C. N					Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Page 1 pate 1074 / 1934					Manner of injury	
19. UNDERTAKER The S.H. Vines Cv.				Dv.	24. Was disease or injury in any way related to occupation of deceased?ho	
20	(Address)	31 1934	& C. Re	res mo	(Signed) Beneridge Heller	_M. D.
	,			Registrar.	(Address) 1028 / Cour Che	Ku

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH La Lalle aget, 1009

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURCES TO FILL			6
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
· County Worldowery	Registration Dist. No. 217
Village or City Men Beallswill Med	No. St., Ward
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME 5 that May Owe	n (Allentinate).
(a) Residence: No. Bealls will	NSID . Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I_HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Oct 2 1924 to Oct 6 1934
6. DATE OF BIRTH (month, day, and year) Sept 7: 1933	I last saw h & alive on Oct 5 , 1934; death is sald
7. AGE Years Months Days If LESS than	to hava occurred on tha date stated above, atm.
1 0 3 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, p ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brasking Cough. Cut. 12 193
SAWYER, BOOKKEEPER, etc	Brocks. Meumonia 12 30:14:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Beallsulle MA	Olio Gallacia, and a constant of the constant
(State or country)	
14. BIRTHPLACE (city or town) Wastershung hungs	
4 14. BIRTHPLACE (city or town) Martingly Margaret	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Decular Over 16. BIRTHPLACE (city or town) Reallywell W	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Catalogue (State or country)	Accidant, suicide, or homicide?
700000000000000000000000000000000000000	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT BOOLSVILLE WA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VNC Gura Court Date 19 4 8 , 1934	Nature of injury
19. UNDERTAKER ALLEN + Priso Barrie (Address)	1724. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 6 , 19.34 rus G C. Villon. Registrar.	(Signed) Water Surger M. D. (Address) Lawsonbill Med.
76 11 1 11 11 6	N. C. J. C

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. W. JEN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10390
1. PLACE OF DEATH	
county montagnery	Registration Dist. No. 217
Village or City Oshton	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Henriella Parent	
(a) Residence: No. Ashtow	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3-SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWEO.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH
funale White Widowed of divorced	(Month) (Day) (Year)
HUSBAND of O A A O	22. A HEREBY CERTIFY That I attended deceased from
(o) wire of Mobers Parent	October 379, 19 34, 12 October 171, 1934
6. DATE OF BIRTH (month, day, and year) Lec. 6, 1853	Hast saw her alive on October 17, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at7: Laf.m.
80 10 11 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
2 Trade profession or particular	Were as follows: Oate of onset
kind of work done, as SPINNER, House was 0	Hamephlogia 10/3/34
9. Industry or business in which work was done, as SILK MILL, (SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , , ,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
this occupation (month and spant in this year)	
00.1	Other Contributory Causes of importance:
(State or country)	S. A. R. T.
- Carana	annal aurus
E COLO	Summer
[4. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
15. MAIOEN NAME Muerra Jones 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Clate of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cardia Company (Address) Cart leave 10 R + 193+	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mallin Sin Illy Oate Och 21, 1934	Nature of injury
Charles CO O	
19. UNOERTAKER W. W. Mauhers (Address) W. Address	24. Was disease or injury In any way related to occupation of deceased?
60 / 12 211 20 00	(Signed) M. O.
20. FILEO UCT 19 34. E.S. I Damsley Registrat.	(Address) Sandy String, Md

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10391
1. PLACE OF DEATH	53
County Montgomery	Registration Dist. No. 2/6
Village or City 1 Bethsola & Md	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME John & Tarker	
(a) Residence: No. Pive P. Be the day	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Any & Parker Tarker	22. A J HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Mar 30, 1866	1 last saw h drug alive on Oct 18 45 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
6 8 6 19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Caremonia 1 242
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Limit 13. NAME John Parker	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy? AD
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary 6. Sanham (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 21 # 3100 20 Data Oct 2, 2, 193 #	Manner of injury
19. UNDERTAKER WW Chambus Co	Natura of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 10/19 1934 B. C. Perry M. S. Registrar.	(Signed) B. C. Gerry M. O. (Address) (3) (the da, lind.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS B

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10392
1. PLACE OF DEATH	(210-m)
County Montgonery	Registration Dist. No. 2/3
Village or City Man Vollymae (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charly of Ventry	0.4
(a) Residence: No. John Journ (Dissat place of abode)	Postance Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorged HUSBAND of	Versed free
(or) WIFE of	22. HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Bee 10 1907	1 last sow in alive on , 19 ; death is sold
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
0 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	ant hunder
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Broken neck
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Monthly Control (State or country)	
13. NAME Frank Orocler	
13. NAME Mank Onoclor 14. BIRTHPLACE (city or town) Montgowy Dronty (State or country)	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an aulopsy? 260
15. MAIDEN NAME Julia Stimus	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Starter Starte	Accident, suicide, or homicide? (Standard) pate of injury (TV) 13,19.34
∑ (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jahra Oliver (miller)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Anth Orthon
Place \$1.0/1.6 193.4	Neture of injury Broken neck
19. UNDERTAKER PO VIJON SEN (Address) Controlle MA	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILED 19 34 mis. Prall- ar/feasth cestre. Registrar.	(Signed) MA D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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infor- state UPA-		CERTIFICATE OF DEATH 10393
	1. PLACE OF DEATH	3
should for contractions	1 1/ - +	Registration Dist. No. 214
sh of	Village or City selds selecting (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME surramed sufa	ut Clandolph
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. Way Kersuntoh (Usual place of abode)	St., Ward. If nonresident give city or fown and State
Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXG	S. SEX Lewale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stuale	21. DATE OF DEATH October 14, 193 4
	5a If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
e l	6. DATE OF BIRTH (month, dey, end year) Oct. 14, 1934	Hast saw h alive on
certificate	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
ertii	stillborn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
2 10	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	8+,000: 4
	9. Industry or business in which	(4 mouths about in)
-	work wes done, as SILK MILL, SAW MILL, BANK, etc	
	this occupation (month end peer) occupation occupation	
	12. BIRTHPLACE (city or town) relan Kensington	Other Contributory Causes of importance:
1	(State or country) grand Part and	
	13. NAME Herry Randolpha 14. BIRTHPLACE (city or town)	Name of operation
	(State or country) Virginia	Name of operation Date of Was there en europsy?
	15. MAIDEN NAME Rosie Bl. Scott	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
	15. MAIDEN NAME ROSE B. Scott 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
-	(State or country) Vignia	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT POSEL LANDON	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Sewage disposal	Menner of injury
The second	PlaceDate	Neture of injury
	19. UNDERTAKER (Kalliafman, MA) (Address)	24. Wes diseese or injury in eny way retated to occupation of deceesed?
	20. FILED Oct. 16, 1934 Margaret C. Tremears	(Signed) Natharine a. Masman M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I	In the second	Example II		
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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				
County // Oulgoneus	Registration Dist. No. 2/3			
Village or City near Ruckvelle	NoSt., Ward			
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)			
	now long in U.S. if of foraign birth?yrsmosds.			
2. FULL NAME Undrew acks	m framon			
(a) Residence: No. (Usual place of labele)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Mall 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH STORE 13 193 4 (Month) (Day) (Year)			
5a. If married, widowed or divorced HUSBAND of				
(or) WIFE of Loller, Noward Vedung	22. I HEREBY CERTIFY, That I attended daceased from			
6. DATE OF BIRTH (month, day, and year) May 17-1902	I last saw.b. alive on			
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 10 2 m.			
32 4 57 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
R Trade profession or particular	Date of onest			
SAWYER, BDDKKEEPER, atc.	4 rollined Itall			
S. Andustry or business in which of work was done, as SILK MILL. SAW MILL, BANK, atc	//			
0 10. Date daceased last worked at (17. Total time (years) 7	7			
this occupation (month and or 13/34 spent in this occupation	DN-0-1			
12. BIRTHPLACE (city or town) Du Chrison - Mal	Dther Contributory Causes of Importance:			
(State or country)	104			
13. NAME Josephy Pedmon				
14. BIRTHPLACE (city or town)	Nama of oparation Date of			
(State of Country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Uctavia Ordina	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Octavia Ordinaria 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?			
(State or country)	Where did injury occur? (Specify city or towo, county and State)			
17. INFORMANT Works Tracky (Addrass) Po Parker &	Specify whether injury occurred in INDUSTRY IN HOME or in PUBLIC PLACE.			
18. BURIAL CREMATION, OR REMOVAL	Manner of injury du la constella ales des			
Place Peals ville Ch. Cempate Qcv 16, 1934	Nature of Injury Anastruces & Fall			
March Park	24. Was disease or Injury In any way related to occupation of dacaasad?			
19. UNDERTAKER DA M. SELLING SAMPLEY (Addrass) Rolly-Nil-	If so, specify			
20. FILED 1 9 - 16e 1934 mis Race	(Signad) A Shillipping M. D.			
Registrar.	(Address) of achievel to bed			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimbre, Requesting U. S. No. 1.				

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		Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL !	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

MOTHER | FATHER

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10355
1. PLACE OF DEATH	- 622
County Monte onen	Registration Dist. No. 223
Village or City Tahoma Tark	Registration Dist. No.
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME Coming Thomas	e Kein
(a) Residence: No/ O Sy came Qu	~est. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpic the word)	21. DATE OF DEATH
from 10 min. Single	(Month) (Day) (Year)
7a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22. HEREBY CERTIFY. Thet attended deceesed from
11 111059	6/8/,19 ² , tog /0/23/,19 ⁴
6. DATE OF BIRTH (month, dey, end year) 14 18 3 7. AGE Yéars Months Dave If LES than	I lest saw har y alive on
7. AGE Years Months Days if LE6S than 1 dey,hrs.	to have occurred on the date stated above atm.
, ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
Z 18. Trede, profession, or particular kind of work done, as SPINNER,	1/1/
SAWYER, BDDKKEEPER, etc	(Cubia Sknow hage 2 days.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Dete deceased last worked at 11. Totel time (years)	
this occupation (month and yeer) spent in this 50 ye	A
12 DIDTION OF CHARLES MICE A	Other Coatributory Comes of importance:
12. BIRTHPLACE (city or town) (Stete or sountry)	Jan Marine C
11 13, NAME Server S	Jeg pu anni,
E TOTAL	
4. BIRTHPLACE (city or town) (Stella or country)	Neme of operation Date of
	What test confirmed diegnosis: Wes there an autopsylve
E January	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide? Dete of injury, 19
W et by	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / My Oly	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	•
Piece Wash OC Date 10/25 1934	Menner of injury
0.1 2001 1.10	Neture of injury
19. UNDERTAKER JOHN IT. Wright Co	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) / 3 3 7 - 10 6th 2 w	If so, specify
20. FILED OCT 23, 134 HEROGERA	(Signed) that M. D.
Registrar.	(Address) Carrol Care , labour land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURCAU VI S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1	e	٠	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
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10	E P	shor	OF	TION is very important. See instructions on back of certificate.
(RIT	tion	USE	NO
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	CERTIFICATE OF DEATH 10395
1. PLACE OF DEATH	59
County Mangamery	Registration Dist. No.
Village or City Olney	No. Moss Co Gene Stook. Olyace mayard feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Everett M. Rielce	tts
(a) Residence: No. Rockwill and	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wednesde	21. DATE OF DEATH Oct 30th, 1934 (Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFF of	(Month) (Oay) (Year) 22. HEREBY CERTIFY, That I attended deceased from
many general	act 12 ,193410 act 20 th, 1934
6. DATE OF BIRTH (month, day, and year) Nov 12-1867	I last saw h M alive on Oct 20 4 ,193 4, deeth Is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6
// // O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER Salesman 9. Industry or business In which work was done, as SILK MILL. It was Juneary 10. Oate deceased last worked at 10.	Diahelts 1924
9. Industry or business In which work was done, as SILK MILL, Jeon Jewenny SAW MILL, BANK, etc	
10. Oate deceased last worked et 10/0/34 11. Total time (years) spent in this 30 occupation	
12. BIRTHPLACE (city or town) Gaithersburg	Other Contributory Causes of importanca:
(State or country) nont co ma-	Oh is sugarandeles 10/10/3
13. NAME Richard Ricketts	mronic Interstiteal rephreha 0/1/3
	Name of operation would pate of
14. BIRTHPLACE (city or town) Suthershing (Stete or country)	What test confirmed diagnosist & fassination Westhere an autopsy? Ite
15. MAIDEN NAME / Machilofa Jaux Richett	
16. BIRTHPLACE (city or town) Many Carel	23. If deeth was due to externel causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Everett M Richetts Hospital	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Jacktusbug Place Tourt Oak un. Oele Oct 23, 1934	Manner of injury
19. UNDERTAKER WM. Peubry Tumpling (Address) Po Isville Marylessent	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Ad 2. 0. 19.34 · C. 8 Barrislan Registro	(Signed) Daudy Spring M. D (Address) M. D
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU VIE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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4	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
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RIN	ERN	EX	y cla	te.
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H	ING	AG	o th	tion
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	RIT	tion	USE	NO
1 .	MI.	ma	CA	TION is very important. See instructions on back of certificate.
V. 2. INC. 1	E. B.	1	T	1
>	-	1	- 8	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10306
1. PLACE OF DEATH	4
County monlgoniery	Registration Dist. No. 3
Village or City Olices	No mont Co Jen North Offile Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawra Rose	39
(a) Residence: No. faurel - mg	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. Married, widowed, or divorced	21. DATE OF DEATH Oct 25, 193 4. (Month) (Day) (Year)
(or) WIFE of Joseph Rose	22. 1 HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Nov-13-187/	i last saw half aliva on Oct 25 - 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.2. P.m.
62 // /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Stansewife SAWYER, BOOKKEPER, etc.	Carcinoma tosis of finer
kind of work done, as SPINNER, Sausewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Avon Home SAW MILL, BANK, etc. 10. Date daceased last worked at this recursation from the side of the state of the second state of the	& gallbladder m/my
10. Date daceased last worked at 11. Total time (years) this occupation (month and 1/1/34 spent in this 40 occupation 40	
12. BIRTHPLACE (city or town) - North Carolina (State or country)	Other Contributory Causes of importance:
I 13. NAME Jacob Lary	0 (0) 0 ;
13. NAME Jacob Jours 14. BIRTHPLACE (city or town) Journ (State or country)	Name of operation Deployment Superation Daja of 12. 3.4. What test confirmed diagnosis? Ruchauf
15. MAIDEN NAME nancy Cerch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Starf Records -	Where dld injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury
Place Date DCI 1905	Nature of injury
19. UNDERTAKEN (59) Course With	24. Was disease or injury In any way related to occupation of decaasad?
20. FILED D. C. 28, 1934 C. S. Barnales	(Signed) M. D (Address) Southy formy ms
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Montasmery	82-0
	Registration Dist. No. 214
Village or City AMUPUM	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Mrs rattir Inniva	Shuart
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Dev)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of albert of terrant	22. I HEREBY CERTIFY, That Lattended deceased from
D. 6 12 2	192 de 192 de 192 1934
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If IESS then	I last saw MANU alive on 1997 ; death is seld
7. AGE Yeers Months Days If LESS/then 1 day,hrs.	to have occurred on the date stated ebove, et //// _m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence
48 /0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Levelouly removerage link 10-1/-3
work wes done, es SILK MILL, Sum home,	connulsions /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and 12 by 14 occupation) yeer) 11. Totel time (years) spant in this occupation occupation	
And 11 m	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	- Interio - achirono 1946
	Curroral himomhage 1928
14. BIRTHPLACE (city or town) Sandy Agung	
4 14, BIRTHPLACE (city or town) & Many Many (State or country)	Neme of operation
	What test confirmed diegnosis? Related of Manual Was there an autopsy? The
15. MAIDEN NAME / My with Source 16. BIRTHPLACE (city or town) - Andy Spring	23. If death was due to externel causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Sandy string	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(S
17. INFORMANT MIN. albert Street	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL CREMATION OF REMOVAL	Manner of injury
Place Marshy Alphiny Date 10, 10, 1934	Nature of İnjury.
19. UNDERTAKER Thus Frageline (Address) 3 8 9 18, 9, Que D. B.	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED Get 15, 1934 9-5. Delon 10.	(Signed) Silver Spring M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1
			1

PHYSICIANS should state Exact statement of OCCUPA.

properly classified.

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. AGE should be mation should be carefully supplied. V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Fa)
County Montgomery	Registration Dist. No. 223
Village or City Takana Park, Md U	Jasth San 4 Hospo St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	2. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Clara Swart	Λ (
(a) Residence: No. 1742 7 St. N. W. (Usual place of abode)	St., Ward. Washer D.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WAY VIE	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lawrence Swart	May T., 1934, to Oct 21, 1934
6. DATE OF BIRTH (month, day, and year) NOU 18 1870	I last saw Per alive on Dect 21, 1934; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2 P. m.
6.5 // 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wige	
9 Industry or business In which	Squareers 1923
SAW MILL, BANK, etc	Larcinoma of rich cepuil
10. Data deceased last worked at this occupation (month and year)	originating in spira of makes Cienting
12. BIRTHPLACE (city or town) Saginaw Mich. (State or country)	Othar Contributory Causes of Importance:
E STATE OF THE STA	D Ward War
14. BIRTHPLACE (city be/town) ARLO ON TOWN (State or country)	Name of operation / Control of Data of Data of
	What test confirmed diagnosis? (at regress) Was there an autopsy? 200
E	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Sand in the	Where did injury occur?
17. INFORMANT Sanstavium Telands	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dayrean West / Muster Oct 7/, 1934	Natura of Injury
19. UNDERTAKER Draw ay D (Addrass) Wash Ale So 0776	24. Was disease or injury In any way related to occupation of decaasad?
20. FILED Cot 21 1934 HE Registrar.	(Signed) OParriso M. D. (Addrass) 722 Maple an Takoma Phille
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CTATE OF MADVIAND CEDTIFICATE OF DEATH

	STATE OF MARTLAND	CENTILICATE OF DEATH
1	1. PLACE OF DEATH	
	County Mon4	Registration Dist. No. 7217
	Village or City Olicy	No. Monte Gen Stor . — Ward death occurred in a horpital or institution, give its NAME instead of a yeet and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
	(a) Residence: No. 12 211 D. Sh. M. G. (Usuál place of abode)	Sy, Sy Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Quet 25 193 4 (Month) (Day) (Year)
	5a. Mmarried, widowed, or divorced	22. 1 HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of James d. Jaconseud	Sept 16- 1934, 10 Oct 25, 1934
te.	6. DATE OF BIRTH (month, day, and yeer) aug -26-1857	I last saw her elive on Oct 35 19 9 Cheath is said
certificate	7. AGE Years Months Days If LESS than 1 day, 5 hrs.	to have occurred on the date stated above, et m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ert	or 50-min.	were as follows:
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, Status of Cuber SAWYER, BDDKKEPER, etc	Carcinomatores mon
back	9, Industry or business in which	of liver with metas
ou p	11. Total time (years)	tases
	this occupation (month end 1939 spant in this year)	
instructions	12. BIRTHPLACE (city or town) Clarksville	Dther Contributory Causes of Importance:
truc	(State or country) Saward Com	Cholicystitis + 1914
	13. NAME John S Steckasti	cholelithiasis
See	14. BIRTHPLACE (city or town) Januastur (State or country)	Name of operation of provident of 10 p3/34
٠.	# 15. MAIDEN NAME Catherine Brown	What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was the diagnosis?
important	16. BIRTHPLACE (city or town) Browleadle (State or country)	Accident, suicide, or homicide?
logi	(State or country) mont co. md.	Where did injury occur?
very in	17. INFORMANT Josh Cecords (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Mace Date Cott 2793	Nature of injury
TION	19. UNDERTAKER DURYY WEST	24. Was disease or injury in any wey related to occupation of deceased? 720
1	20. FILED Och 25, 1934. C. S. Balusley	(Signed) Chas 60 un bleson M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

MARGIN RESERVED FOR BINDING

item of infor-

Exact statement of OCCUPA.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSAS V ₂ 9.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MA

OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME Jeremich RECORD. (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21, DATE OF DEATH OR DIVORCED (write the word) inall: 5a. if married, widowed, or divorced HUSBAND of 1 HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate, properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at I dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... OCCUPATION may back 9. Industry or business in which plnods work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Total time (yeers) this occupetion (month and spant in this that year) instructions occupation 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER I3. NAME 14. BIRTHPLACE (city or town) Neme of operation (Stete or country) carefully What test confirmed diagnosis?. 7 MOTHER 15. MAIDEN NAME in important CAUSE OF DEATH Accident, suicide, or homicide 16. BIRTHPLACE (city or town) (State or country) Specify whether injury occurre **I7. INFORMANT** plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL mation FION Neture of injur 24. Wes disease or injury 19. UNDERTAKER M If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting Q. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial naphrilis 4 Q.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CT-		No.	
Other contributory-causes of importance:		Other contributory causes of importance:	HERE!
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

stated EXACTLY.

properly classified. Exact statement of OCCUPA-

10401

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Montgomery	Registration Dist. No. 2233
Village or City Jahlonna Park	No. Washington Sun St. Hous Ward
Leady of walter to the same	(If death occurred in a horpital or institution, give its NAME instead of street and number)
51. 00// /	os. 5 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Alberta U	latson 0,)
(a) Residence: No. 19. 42.	St., Ward. Clarksburg, md.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident giff city or town and State
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (wrig the word)	Oct. 30 1934
54/If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. LHEREBY CERTIFY, That I attended deceased from
	October 25, 1934, 10 Oct. 30 , 1934
6. DATE OF BIRTH (month, day, and year) aug. 21, 1934.	I last saw h 12 aliva on Oct. 30 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mualue
work was dona, as SILK MILL, SAW MILL, BANK, etc.	7-mos. fetus 8-21-34
O TO. Date deceased last worked at	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Clarkellurg md.	Other Contributory Causes of importance:
(State or country)	- Marasmus 8-21-34
13. NAME Pakert Watern.	- 11 (MM) 11 (M) 0 231-37
13. NAME Gabert Watern 14. BIRTHPLACE (city or town) Charleston Va	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME Daisy Mc Donner	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charleston Va.	Accident, suicide, or homicida? Date of injury
(State or country)	Whera did injury occur?
17. INFORMANT Lassitarium Recards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Revisible	Manner of Injury
Place Stanty from In Date Mr. 1939	Nature of Injury
19. UNDERTAKER Warner & Sumphies	24. Was disease or injury in any way ralated to occupation of deceasad?
(Address) Naskull Might.	If so, specify
20. FILED Mor 1, 1934 Atto (Rogers	(Signed) acha J. Patterson M.D.
Registrar.	(Address) Washington San. Takoma Park
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUKES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10402
1. PLACE OF DEATH	SERVINICATE OF BEATTY 10402
County Moutgomery	Registration Dist. No. 214
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsd
2. FULL NAME Maria Untomette	. Webster
(a) Residence: No. 47 West Baltimore (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) windowed	21. DATE OF DEATH October (Month) (Day) (Year)
5d. If married, widowed, or diverced HUSBAND-01- (or) WIFE of Francis Marion Webster	22. I HEREBY CERTIFY, That I attended deceased fro Oct. 14 19 34, to Oct. 18 19 3
6. DATE OF BIRTH (month, day, end year) May 12, 1849	I last saw h_lx_alive on OCT_17, 19_34; death is sa
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
0 5 5 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked at this occupation (month and the spent in this spent in this	Brouchopneismonia 10/15,
work was done, as SILK MILL, our leave SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation occupation occupation occupation.	
12. BIRTHPLACE (city or town) Little Rocks (State or country)	Other Contributory Causes of importance:
	10/14
E	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME adeline Furman	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Adeline Furman 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of Injury 10/14, 19.3. Where did Injury occur? Serious tou
17. INFORMANT Miss Carrie Webster (Address) 47 W. Balto St. Kensington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Methodism at home
18. BURIAL, CREMATION, OR REMOVAL Place Landwick Ill. Date Oct. 20, 1934	Manner of injury Slipped on Wet floor Nature of injury bruise and plubck
19. UNDERTAKER 4. R. Pumpliney (Address) Rockerlle mg.	24. Was disease or injury in any way related to occupation of deceased? 1880. If so, specify December 2016 while doing housewo
20. FILED Oct. 20, 19.34 Margaret C. Tremlarne	(Signed) & atharme II, Ilizamian M. (Address) 20 W. Balts, H. Kausugto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10403		
1. PLACE OF DEATH			
county Montgomery County	Registration Dist. No. 214		
Village or City Silver Spring, mo	C No. St., Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.		
2. FULL NAME Maria Daris Which	2 + 1		
~ 0.0 0 0	St Ward.		
(a) Residence: No. 125- Sibilit stpg, Une (Usual place of objec)	If nonresident give city or town end State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October 18th (Month) (Day) (Year)		
5a. If married, widowed, or divorced RUSBAND-04. (or) WIFE of williams to which and	22. I HEREBY CERTIFY, That I attended deceased from Oct. 18th , 1934, to Oct. 18th , 1934		
6. DATE OF BIRTH (month, day, and year) Och 14 1881	I last saw h_w_ alive on Get 18th 1934; death Is said		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Z 8. Trade, profession, or particular	were as follows: Date of on Date of on		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9 Industry or business in which work was done, as SILK MILL, Crown Norme			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO. Date deceased last worked at this occupation (month and year) occupation			
12. BIRTHPLACE (city or town) New Yary (State or country)	Other Contributory Causes of Importance:		
13. NAME Janier a allie			
13. NAME James a College 14. BIRTHPLACE (city or town) Massachuselle (State or country)	Namo of operation Date of What test confirmed diagnosis? Was there an aulopsy?		
15. MAIDEN NAME Elyabeth maior	23, If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME The about maison	Accident, sulcide, or homicide? Date of injury, 19		
State or country) 72 B. Cameral	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT 17 B Which String Mrs.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place the Samuel Date 1 20 192-	Nature of injury		
19. UNDERTAKER Marian & County Bright (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 17 19 , 19 3 4 J. E. W. Day Roston.	(Signed) M. D. (Address) 8224 Sa and Silver Spa DD		
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0404
1. PLACE OF DEATH	23	,
County montgonery	Registration Dist. No. 2	6
Village or City Collegy College	No	Ward
Length of rasidence in city or town whare death occurred	death occurred in a horpital or institution, give its NAME instead of street and not be dead of	
2. FULL NAME Mollie Ella G	Pilkerson	
(a) Residence: No. 940 John Mill (Usual place of abode)	St., Ward. If nonresident give city or town and s	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Therefore the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of Julian B. Wilkerson	22. I HEREBY CERTIFY, That I attended of Seffember 28, 1934, to October 16	Jeceased from
6. DATE OF BIRTH (month, day, and yeer) Wasch 17 1914	0-4111 -11	; death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
9 Trade profession or portionier		Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Pulmonary Tuberculous	1929
10. Date deceased lest worked at this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	Oct/6
(State or country)	Exhaustion	1934
13. NAME Willie E. Baytek		
4 14. BIRTHPLACE (city or town)	Name of operation	
(otate of country)	Whet test confirmed diegnosis? X - Kary Kare there an at	atopsy? Zeo.
15. MAIDEN NAME Nellie Co. Saptice 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of Injury	, 19
17. INFORMANT Julia O. Welkerson	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REMOVAL PROBLEM STURY WASHE Oct 18, 1934	Manner of injury	
19. UNDERTAKER WW Chambres Co (Address) /400 Chambres Co	24. Was disease or injury in any way related to occupation of deceased?	40
20. FILED Oct 17, 1934 B. C. Perry M. S. Registrar.	(Signed) Budley Dropping (Address) 4600 Charge Charge	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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10405

1. PLACE OF DEATH		(73)
County Thomas	men,	Registration Dist. No. 213
Village or City Lake	er John -	Brought to Richiele St. Ward
Length of residence in city or town where	and the second s	f death occurred in a hospital or institution, give its NAME instead of street and number)
CVV0.	death occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsds,
2. FULL NAME	N. Mill	2011
(a) Residence: No. 633 C	(Usual place of abode)	St., Ward.
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m Tuliti	OR-DIVORCED (write the word)	oel 23
5a. If married, widowed, or divorced	married	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	12 million	22. I HEREBY CERTIFY, That I attended deceased from
mergan	a mary priceon	Sead 19 o to P 19
6. DATE OF BIRTH (month, day, and year) Jul	18 1901	I last saw h alive on, eath is said
7. AGE Years Months	Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
33	5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Port aux	freshed toound m
SAWYER, BOOKKEEPER, etc.	way again	Just side of head which
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Oate deceased iasl worked at		poduced Apanatoral
10. Oate deceased last worked at	11. Total time (years)	ministrage
this occupation (month and year)	spent in this occupation	A
12. BIRTHPLACE (city or town) Rich	mond	Other Contributory Causes of importance:
(State or country)	9.	
13. NAME Harry M	1. Wilson	
13. NAME Harry M	1/-	Name of operation Date of
(State or country)	VY	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MANY	Simms	23. If death was due to external causes (ViOL ENCE) fill in also the following:
15. MAIDEN NAME MANY 16. BIRTHPLACE (city or town)	1/2	Accident, suicide, or homicide? June of injury 10/2 3 19 3 4
State or country)	100	Where did injury occur? Choma Roale Thul
17. INFORMANT Margaret 7	m. Wilson	(Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 633 R	idge and so sprin	Public place
18. BURIAL, CREMATION, OR REMOVAL	10 22 21	Manner of injury
Piace	Date 10 - 23 ,1934	Nature of injury Bullet Wound my heal
19. UNDERTAKER Turnochy)	Hanlon	24. Was disease or injury in any way related to occupation of deceased?
(Address)	D.C.	If so, specify
20, FILED 10-23 1934 M	is. WT. Frall-	(Signed) . Jacob M. D.
	Registrar.	(Address) W Zbrullo 2

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Example 4		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	- ASS - 4 (00)			
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1000 should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
ı	ly5,1927	Other contributory causes of importance: